

Facility:  
Date:  
Surveyor:

Individuals Selected for In-Depth Review  
Intermediate Care Facility/Individuals with Intellectual Disabilities

Directions: Fill out the information as appropriate.

ID#	Individual's Name (targeted)	IID Classification	Reason for Selection
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

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Intermediate Care Facility/Individuals with Intellectual Disabilities

Directions: Fill out the information as appropriate.

Classification	Census	Sample
Mild		
Moderate		
Severe		
Profound		
Totals:		